

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591451

FILING DATE

03 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8	/		/			
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17	/		/			
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		3		/		
24		3		/		
25		3		/		
26		3		/		
27		3		/		
28		2		/		
29		2		/		
30	/		/			
31	/		/			
32		1		/		
33		3		/		
34		10		/		
35		1		/		
36		1		/		
37		1		/		
38		1		/		
39		1		/		
40		1		/		
41		1		/		
42		1		/		
43		1		/		
44		10		/		
45		10		/		
46		10		/		
47		10		/		
48		10		/		
49	/		/			
50		1		/		
TOTAL IND.	13	↓	3	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52	/			/		
53	/			/		
54		/		/		
55	/			/		
56		3		/		
57		3		/		
58		3		/		
59		3		/		
60		3		/		
61		3		/		
62		3		/		
63		3		/		
64		3		/		
65		3		/		
66		3		/		
67	/			/		
68		/		/		
69		/		/		
70	/			/		
71		/		/		
72		/		/		
73		/		/		
74	/			/		
75		/		/		
76	/			/		
77		/		/		
78	/			/		
79		/		/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						